

| POSITION                  | INITIALS        | ID NO.     | DATE     |
|---------------------------|-----------------|------------|----------|
| FEE DETERMINATION         | <i>G. Smith</i> |            | 10-12-01 |
| O.I.P.E. CLASSIFIER       | <i>W. H.</i>    | <i>720</i> | 10-27-01 |
| FORMALITY REVIEW          | <i>Ja</i>       |            | 11-14-01 |
| RESPONSE FORMALITY REVIEW | <i>R</i>        | 1080       | 3/18/02  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
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| 13             | ✓    |
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| 25             | ✓    |
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| 27             | ✓    |
| 28             | ✓    |
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| 30             | ✓    |
| 31             | ✓    |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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5C-83  
 11/14  
 8/18/02